| POSITION | INITIALS | iD NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | · | 21 | 1/29/01 |
| FORMALITY REVIEW | A M | 917 | 02-13-01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ ................................ Rejected | | N ................................ Non-elected | |
| = ................................ Allowed | | I ................................ Interference | |
| — (Through numeral)... Canceled | | A ................................ Appeal | |
| ÷ ................................ Restricted | | 0 ................................ Objected | |

| Claim | | Date | Claim | Date | Claim | Date |
|---|---|---|---|---|---|---|
| Final | Original | 4/16/04 | | | | |
| 1 | 1 | ✓ | 51 | | 101 | |
| 2 | | ✓ | 52 | | 102 | |
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If more than 150 claims or 10 actions
staple additional sheet here

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